

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA						<input type="checkbox"/> T.D.						<input type="checkbox"/> R.1.47					
	Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original			
	①	2																					
	②	6																					
	③	7																					
	④	10																					
	5	11																					
	6	12																					